# 09000083177

(Requestor's Name)				
(Address)	30015930552			
(Address)	,			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	08/27/0901037006 **			
(Business Entity Name)	a en en			
(Document Number)				
Certified Copies Certificates of Status <sup>-</sup>	·			
Special instructions to Filing Officer:				
	EFFECTIVE DATE 8 24 09			
	SEC			

Office Use Only



160.00

**B. KOHR** 

AUG 3 1 2009

**EXAMINER** 

## COVER LETTER

TO:

**Registration Section** 

	Division of C	orporations						
	SUBJECT:	VINCE	ENT.	J. BUC	CAR, LLO	С		
		Name of Limi	ted Liab	ility Con	ıpany			
		of Organization and fee(s) are			_		TALLAHAS:	1621
		\	0 E N E	. 5.16			The same	玉
		VING		J. BUC	AK		<u> </u>	بے
			name (	oi rerson				j
					EFFEC	TIVE	DATE & 24	119
			Firm/C	Company			<i>\</i> *''	
		2500 QUANTUN	/ LAK	ES DR	IVE, SUIT	E 20	03	
			Add	dress				_
BOYNTON BEACH, FLORIDA 3					RIDA 334	126		
		Ci	ty/State a	ind Zip Co	de	-		
VINCEBUCAR@YAHOO.CC			00.СОМ	,				
		E-mail address: (to be used	for future	annual re	port notificat	ion)		
	For further information	concerning this matter, pleas	e call:					
		NT J. BUCAR	_ at (	561	_)		53-2217	
	Name	of Person		Area Co	de & Daytime	e Telep	hone Number	
	Enclosed is a check for	or the following amount:						
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified C	ing Fee & Copy opy is enclosed		\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisio Clifton 2661 E	Courier Add ation Section in of Corpora Building xecutive Cer	ations	ircle	

ARTICLES OF ORGAN	<b>IZATION FORFL</b>	ORIDA LIMITED LIABILI	I Y CUMPANY
ARTICLE I - Name: The name of the Limited Li	ability Company is:	.4	O NO Z MO.
\	/INCENT J. BUG	CAR, LLC.	The T
(Must end with	the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the pr	incipal office of the Limited Lia	ORIO
Principal Office Address:		Mailing Address:	w.
2500 QUANTUM LAKES SUITE 203 BOYNTON BEACH, FL 3		2500 QUANTUM LAKES D SUITE 203 BOYNTON BEACH, FL 334	
	not serve as its own Regist	Office, & Registered Agent's ered Agent. You must designate an individ	
The name and the Florida st	treet address of the re	egistered agent are:	
	VINCENT J.	BUCAR	
	Name		
2500	QUANTUM LAKES	S DRIVE, SUITE 203	
Flo	rida street address (P.O.	Box NOT acceptable)	
BOYN	ITON BCH, 33426	PT.	
<del></del>	City, State, ar	nd Zip	
liability company at the	place designated in th	accept service of process for the a his certificate, I hereby accept the v. I further agree to comply with	e appointment as

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

> Signature (REQUIRED) Registered Agent

> > (CONTINUED)

# Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	VINCENT J. BUCAR 2500 QUANTUM LAKES DRIVE, STE 203 BOYNTON BEACH, FL 33426
(Use attachment if necessary)	
RTICLE V: Effective date, if other than f an effective date is listed, the date mu or 90 days after the date of filing.)	n the date of filing: 08/24/2009 (OPTIONAL) ust be specific and cannot be more than five business days price.
REQUIRED SIGNATURE:	
Signature of a mo	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
	Typed or printed name of signee
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)